

Official Form 1 (4/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Murphy, Jon Tim</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): <b>xxx-xx-3296</b>	Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>3314 Maple Avenue</b> <b>Brookfield, IL</b> <div>ZIP Code <b>60513</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div>ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div>ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div>ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	<b>THIS SPACE IS FOR COURT USE ONLY</b>																				
Estimated Number of Creditors <table><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1000-5,000</td><td>5001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>100,001-100,000</td><td>OVER 100,000</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49		50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000											
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Estimated Assets <table><tr><td><input type="checkbox"/> \$0 to \$10,000</td><td><input checked="" type="checkbox"/> \$10,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>	<input type="checkbox"/> \$0 to \$10,000	<input checked="" type="checkbox"/> \$10,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
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Estimated Liabilities <table><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	

Official Form 1 (4/07)

FORM B1, Page 2

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Murphy, Jon Tim**

### All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **Northern District of Illinois**

Case Number:

**05-56088**

Date Filed:

**10/14/05**

Location

Where Filed:

Case Number:

Date Filed:

### Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

#### Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

#### Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Joseph E. Cohen**

Signature of Attorney for Debtor(s)

**Joseph E. Cohen 3123243**

**August 21, 2007**

(Date)

#### Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

#### Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

#### Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

#### Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Official Form 1 (4/07)

FORM B1, Page 3

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):  
**Murphy, Jon Tim**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Jon Tim Murphy  
Signature of Debtor **Jon Tim Murphy**

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

**August 21, 2007**  
Date

#### Signature of Attorney

**X** /s/ Joseph E. Cohen  
Signature of Attorney for Debtor(s)

**Joseph E. Cohen 3123243**  
Printed Name of Attorney for Debtor(s)

**Cohen & Krol**  
Firm Name

**105 West Madison Street**  
**Suite 1100**  
**Chicago, IL 60602**

\_\_\_\_\_  
Address

**312-368-0300 Fax: 312-368-4559**  
Telephone Number

**August 21, 2007**  
Date

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Jon Tim Murphy

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Jon Tim Murphy  
Jon Tim Murphy

Date: August 21, 2007



In re **Jon Tim Murphy**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)**☒ Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**☐ Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

**☐ Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**☐ Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**☐ Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**☐ Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

**☐ Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**☐ Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**☐ Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (4/07) - Cont.

In re Jon Tim Murphy Case No. \_\_\_\_\_  
Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Domestic Support Obligations**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Judy Murphy 526 Homestead La Grange Park, IL 60526		-		Judgment					0.00
								13,000.00	13,000.00
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								13,000.00	13,000.00
Total									0.00
(Report on Summary of Schedules)								13,000.00	13,000.00

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



Official Form 6F (10/06)

In re Jon Tim Murphy, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>3605032961</b>  <b>ACS</b> <b>P.O. Box 7051</b> <b>Utica, NY 13504-7051</b>		-	loan				59,809.61
Account No. <b>3723891</b>  <b>Adventist Lagrange Memorial</b> <b>North American Credit Services</b> <b>2810 Walker Road Suite 100</b> <b>Chattanooga, TN 37421</b>		-	medical				173.40
Account No. <b>9210512285</b>  <b>American Education Services</b> <b>P.O. Box 8183</b> <b>Harrisburg, PA 17130-0001</b>		-	student loan				17,144.00
Account No. <b>3725-302559-71000</b>  <b>American Express</b> <b>P.O. Box 360002</b> <b>Ft. Lauderdale, FL 33336-0002</b>		-	credit card				19,711.58
Subtotal (Total of this page)							96,838.59

6 continuation sheets attached

Official Form 6F (10/06) - Cont.

In re Jon Tim Murphy, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>3717 257033 92004</b>  <b>American Express</b> <b>P.O. Box 650448</b> <b>Dallas, TX 75265-0448</b>	-	credit card				12,662.00
Account No. <b>708 354 7137 057 0</b>  <b>AT&amp;T</b> <b>P.O. Box 9001309</b> <b>Louisville, KY 40290-1309</b>	-	utility				251.61
Account No. <b>5466-4700-0639-1057</b>  <b>Chase</b> <b>P.O. Box 15153</b> <b>Wilmington, DE 19886-5153</b>	-	credit card				19,042.63
Account No. <b>6032 5903 2321 3206</b>  <b>Citi Financial Retail Services</b> <b>P.O. Box 22060</b> <b>Tempe, AZ 85285-2060</b>	-	credit card				2,283.40
Account No. <b>5410-6547-8879-1512</b>  <b>Citibank</b> <b>Northland Group Inc</b> <b>P.O. Box 390846</b> <b>Edina, MN 55439</b>	-	credit card				4,312.23
Sheet no. <u>1</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>38,551.87</b>

Official Form 6F (10/06) - Cont.

In re Jon Tim Murphy Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5410-6548-1073-6212</b>  <b>Citibank</b> <b>Capitol Management Services, LP</b> <b>726 Exchange Suite 700</b> <b>Buffalo, NY 14210</b>	-	<b>credit card</b>				<b>15,798.28</b>
Account No.  <b>CitiCard</b> <b>P.O. Box 688906</b> <b>Des Moines, IA 50368-8906</b>	-	<b>5410 6548 1073 6215 \$13,412.00</b> <b>5410 6547 8879 1512 \$10,677.00</b>				<b>24,089.00</b>
Account No. <b>01 020000 8798200900111167 00</b>  <b>Comcast</b> <b>Credit Protection Association LP</b> <b>P.O. Box 3002</b> <b>Southeastern, PA 19398-3002</b>	-	<b>utility</b>				<b>86.10</b>
Account No. <b>6085206002</b>  <b>ComEd</b> <b>Bill Payment Center</b> <b>Chicago, IL 60668-0001</b>	-	<b>utility</b>				<b>458.92</b>
Account No. <b>360503296-2</b>  <b>Direct Loans</b> <b>U.S. Department of Education</b> <b>P.O. Box 530260</b> <b>Atlanta, GA 30353-0260</b>	-	<b>student loan</b> <b>360503296-2</b> <b>may be second loan</b>				<b>15,600.00</b>
Sheet no. <u>2</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>56,032.30</b>

Official Form 6F (10/06) - Cont.

In re Jon Tim Murphy, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 6011-0070-5018-9611		-	credit card				9,950.00
Discover P.O. Box 30395 Salt Lake City, UT 84130-0395							
Account No. 259888/26892		-	medical				371.49
Family Medical Center of LaGrange ICS P.O. Box 646 Oak Lawn, IL 60454-0646							
Account No. 5467-0024-0015-6874		-	credit card				2,290.30
Fifth Third Bank P.O. Box 740789 Cincinnati, OH 45274-0789							
Account No. 92 1051 2285		-	student loan				28,000.00
Great Lakes 2401 International Lane Madison, WI 53704-3192							
Account No. 15-060244832		-					1,430.90
Household Bank Merchants Credit Guide Co 223 West Jackson Blvd Chicago, IL 60606							
Sheet no. 3 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							42,042.69
Subtotal (Total of this page)							42,042.69

Official Form 6F (10/06) - Cont.

In re Jon Tim Murphy, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>overpayment</b>				
<b>IDES</b> <b>Benefits Repayments</b> <b>P.O. Box 19286</b> <b>Springfield, IL 62794-9286</b>	-					<b>896.00</b>
Account No.		<b>credit card</b>				
<b>JC Penney</b> <b>P.O. Box 960001</b> <b>Orlando, FL 32896-0001</b>	-					<b>Unknown</b>
Account No. <b>508 South First #302</b>						
<b>Johnson Brothers Property</b> <b>Managment</b> <b>P.O. Box 192</b> <b>Savoy, IL 61874</b>	-					<b>2,793.00</b>
Account No. <b>MURJO000</b>		<b>medical</b>				
<b>Kathleen McMahon, DC</b> <b>338 South County Farm Road</b> <b>Wheaton, IL 60187</b>	-					<b>619.00</b>
Account No. <b>6036 3210 2456 0026</b>		<b>credit card</b>				
<b>Linens N Things</b> <b>P.O. Box 530951</b> <b>Atlanta, GA 30353-0951</b>	-					<b>736.85</b>
Sheet no. <u>4</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,044.85</b>

Official Form 6F (10/06) - Cont.

In re Jon Tim Murphy Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5200-0112-7839-0335</b>  <b>MBNA</b> <b>P.O. Box 15289</b> <b>Wilmington, DE 19886-5289</b>	-	<b>credit card</b>				<b>23,627.70</b>
Account No. <b>9417080000</b>  <b>Nicor Gas</b> <b>Attention: Bankruptcy Department</b> <b>P.O. Box 549</b> <b>Aurora, IL 60507-0549</b>	-	<b>utility</b>				<b>737.17</b>
Account No.  <b>Park Associates, Inc 401(K) Plan</b> <b>3029 South 26th Avenue</b> <b>P.O. Box 6338</b> <b>Broadview, IL 60155</b>	-	<b>loan</b>				<b>50,000.00</b>
Account No. <b>06LM001593</b>  <b>RMK Managment Corp</b> <b>Sanford Kahn</b> <b>180 North LaSalle Street #2025</b> <b>Chicago, IL 60601</b>	-					<b>4,266.49</b>
Account No. <b>36050329601</b>  <b>Sallie Mae</b> <b>P.O. Box 9500</b> <b>Wilkes Barre, PA 18773-9500</b>	X -	<b>student loan</b>				<b>14,786.75</b>
Sheet no. <u>5</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>93,418.11</b>
Subtotal (Total of this page)						<b>93,418.11</b>

In re Jon Tim Murphy, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>96245328</b>		<b>loan</b>				<b>897.53</b>
<b>Wells Fargo</b> <b>3000 Broadview Village</b> <b>Broadview, IL 60155-2618</b>	-					
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>6</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)  Total (Report on Summary of Schedules)
						<b>897.53</b>
						<b>332,825.94</b>

Form B6G  
(10/05)

In re Jon Tim Murphy, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases



Form B6H  
(10/05)

In re Jon Tim Murphy, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Judith L. Murphy 526 Homestead La Grange Park, IL 60526	MidAmerica Bank P.O. Box 7039 Downers Grove, IL 60515-7039
Judith L. Murphy 526 Homestead La Grange Park, IL 60526	MidAmerica Bank Loan Servicing Department 2650 Warrenville Road Suite 500 Downers Grove, IL 60515-8370
Judith L. Murphy 526 Homestead La Grange Park, IL 60526	Sallie Mae P.O. Box 9500 Wilkes Barre, PA 18773-9500

0 continuation sheets attached to Schedule of Codebtors

Form 8  
(10/05)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Jon Tim Murphy  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>526 Homestead LaGrange, IL 60526</b>	<b>MidAmerica Bank</b>	<b>X</b>			
<b>526 Homestead LaGrange, IL 60526</b>	<b>MidAmerica Bank</b>	<b>X</b>			
<b>1995 Honda Civic</b>	<b>Harris NA</b>				<b>X</b>

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>-NONE-</b>		

Date August 21, 2007

Signature /s/ Jon Tim Murphy  
**Jon Tim Murphy**  
Debtor

Document Page 19 of 28  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Jon Tim Murphy

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,867.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,867.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 21, 2007

/s/ Joseph E. Cohen

Joseph E. Cohen 3123243

Cohen & Krol

105 West Madison Street

Suite 1100

Chicago, IL 60602

312-368-0300 Fax: 312-368-4559

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Joseph E. Cohen 3123243**

Printed Name of Attorney

Address:

**105 West Madison Street****Suite 1100****Chicago, IL 60602****312-368-0300**X **/s/ Joseph E. Cohen**

Signature of Attorney

**August 21, 2007**

Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Jon Tim Murphy**

Printed Name(s) of Debtor(s)

X **/s/ Jon Tim Murphy**

Signature of Debtor

**August 21, 2007**

Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jon Tim Murphy** Debtor(s) Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **52**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 21, 2007** **/s/ Jon Tim Murphy**  
**Jon Tim Murphy**  
Signature of Debtor

ACS  
P.O. Box 7051  
Utica, NY 13504-7051

Adventist Lagrange Memorial  
North American Credit Services  
2810 Walker Road Suite 100  
Chattanooga, TN 37421

Adventist Lagrange Memorial  
Malcolm S Gerald & Associates Inc  
332 South Michigan Avenue #600  
Chicago, IL 60604

Adventist Lagrange Memorial  
Merchants; Credit Guide Co  
223 West Jackson Blvd  
Chicago, IL 60606

American Education Services  
P.O. Box 8183  
Harrisburg, PA 17130-0001

American Express  
P.O. Box 360002  
Ft. Lauderdale, FL 33336-0002

American Express  
P.O. Box 650448  
Dallas, TX 75265-0448

American Express  
Becket & Lee LLP  
P.O. Box 3001  
Malvern, PA 19355-3001

American Express  
Law Offices of Mitchell N. Kay, PC  
P.O. Box 2374  
Chicago, IL 60690-2374

AT&T  
P.O. Box 9001309  
Louisville, KY 40290-1309

AT&T  
GC Services LLP  
6330 Gulfton  
Houston, TX 77081

AT&T  
NCO Financial  
507 Prudential Road  
Horsham, PA 19044

Chase  
P.O. Box 15153  
Wilmington, DE 19886-5153

Chase Bank USA NA  
Encore Receivable Managment  
400 Rogers Road  
Olathe, KS 66063

Citi Financial Retail Services  
P.O. Box 22060  
Tempe, AZ 85285-2060

Citibank  
Northland Group Inc  
P.O. Box 390846  
Edina, MN 55439

Citibank  
Captial Managment Services, LP  
726 Exchange Suite 700  
Buffalo, NY 14210

CitiCard  
P.O. Box 688906  
Des Moines, IA 50368-8906

CitiCards  
P.O. Box 688911  
Des Moines, IA 50368-8911

Comcast  
Credit Protection Association LP  
P.O. Box 3002  
Southeastern, PA 19398-3002



Comcast  
P.O. Box 3001  
Southeastern, PA 19398-3001

ComEd  
Bill Payment Center  
Chicago, IL 60668-0001

Comed  
Van Ru  
11745 West Bradley Road  
Milwaukee, WI 53224-2531

Direct Loans  
U.S. Department of Education  
P.O. Box 530260  
Atlanta, GA 30353-0260

Discover  
P.O. Box 30395  
Salt Lake City, UT 84130-0395

Family Medical Center of LaGrange  
ICS  
P.O. Box 646  
Oak Lawn, IL 60454-0646

Family Medical Center of Westcheste  
2434 South Wolf Road  
Westchester, IL 60154

Fifth Third Bank  
P.O. Box 740789  
Cincinnati, OH 45274-0789

Great Lakes  
2401 International Lane  
Madison, WI 53704-3192

Harris NA  
P.O. Box 6201  
Carol Stream, IL 60197-6201

Household Bank  
Merchants Credit Guide Co  
223 West Jackson Blvd  
Chicago, IL 60606

IDES  
Benefits Repayments  
P.O. Box 19286  
Springfield, IL 62794-9286

JC Penney  
P.O. Box 960001  
Orlando, FL 32896-0001

Johnson Brothers Property Managment  
P.O. Box 192  
Savoy, IL 61874

Judith L. Murphy  
526 Homestead  
La Grange Park, IL 60526

Judy Murphy  
526 Homestead  
La Grange Park, IL 60526

Kathleen McMahon, DC  
338 South County Farm Road  
Wheaton, IL 60187

Kathleen McMahon, DC  
CCS  
5340 North Clark Street  
Chicago, IL 60640

Linens and Things  
NLR  
2777 Summer Street  
Stamford, CT 06905-4333

Linens N Things  
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P.O. Box 7039  
Downers Grove, IL 60515-7039

MidAmerica Bank  
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2650 Warrenville Road Suite 500  
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Nicor  
Harris Harris  
600 West Jackson Blvd Suite 400  
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Nicor Gas  
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Park Associates  
William T. Rodeghier  
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Sanford Kahn  
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Wells Fargo  
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Central Credit Services, Inc  
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